

Turbo IWS Help

IWS Field No. & Title	IWS FIELD DEFINITIONS	IWS FIELD INSTRUCTIONS
1	Responsible Individual	The individual directly responsible for an operation, activity, or group of activities. The Responsible Individual (RI) may be at any level within the organization and is formally identified by the activity's Authorizing Individual. In some organizations, this person is called the work supervisor. In most cases, the RI will be directing the work of others as part of the operation or activity. Examples of RI job titles include supervisor, division leader, building coordinator, lead experimenter, and lead technician.
2	Extension	The phone extension/number of the RI.
3	L-Code	The LLNL internal mail address of the RI.
4	Authorizing Individual	The person, designated by an authorizing organization, who is responsible for a work activity's technical, financial, administrative, and ES&H objectives. Also the individual authorized by the Associate Director (or his/her designee) to accept and manage, on the Laboratory's behalf, the risks associated with the work activity. This person authorizes the work to proceed only after all controls are implemented and confirmed. This person must be appropriate for Item 7 (Authorizing Organization) and the WAL identified in Item 26. This cannot be the same person as identified as the RI in Item 1.
5	Facility Point of Contact (FPOC)	An individual appointed by the AD Facility Manager (or his/her designee) to help personnel with facility issues and ensure that work in the facility is compatible and that the Safety Basis Envelope is maintained.
6	ES&H Team Leader	The respective Hazards Control Environmental, Safety, & Health Team Division Leader for Team 1, Team 2, Team 3, or Team 4. This will normally be the ES&H Team that supports the facility in which the activity is going to take place.
		The employee ID or name must be filled in. Click on the icon to the right of the employee ID to search by employee name.
		The phone extension/number of the RI must be filled in.
		The LLNL internal mail address of the RI must be filled in.
		The employee ID or name must be filled in. Click on the icon to the right of the employee ID to search by employee name.
		The employee ID must be filled in. Click on the icon to the right of the employee ID to search by employee name.
		Select a team number from the drop down list. This field is MANDATORY.

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7	Authorizing Organization	The Laboratory organization (e.g. directorate or group) responsible for a work activity's performance. This includes ensuring adequate funding and determining work priorities.	The Laboratory organization (e.g. directorate or group) responsible for a work activity's performance. This field must be filled in.
8	Intended Start Date	The intended start date for the activity/operation covered under this IWS. "On going" is acceptable.	This can be a date in any format, or text such as 'As soon as possible', or 'On Going' when appropriate.
9	Est. Completion Date	The estimated completion date for the activity/operation covered under this IWS. "On going" is acceptable.	This may be a date in any format, or text such as 'Ongoing' when appropriate.
10	Management Chain	The chain of managers that extends from the Director down through the Associate Directors (ADs) and those appointed by them to 1) manage work performed at LLNL and 2) have direct control of the funding and ES&H responsibilities for that work.	<p>You may indicate that the management chain is attached to the IWS as an organization chart using the text box below or you may specify each member of the Management Chain. The functional position description in the management is optional, but useful. Ensure that the Management Chain extends from the RI to the AD for the Authorizing Organization.</p> <p>If you specify each member of the Management Chain, you must fill in the Employee ID. Click on the icon to the right of the Employee ID box to search for an employee Id by Employee name.</p>
11	Location	Location of the proposed activity (Bldg. or Area, Room or Rooms, Site 300, Off-site location, Foreign country). Multiple locations are acceptable.	Location of the proposed activity (Bldg. or Area, Room or Rooms, Site 300, Off-site location, Foreign country). Multiple locations are acceptable.
12	Emergency Notification	Name and work phone (typically the Responsible Individual for this activity/operation)	The employee ID MUST be filled in. Click on the icon next to the employee ID field to search for an employee by name.
13	Alternate Emergency Notification	Name and work phone (typically the alternate RI for this activity/operation)	The employee ID MUST be filled in. Click on the icon next to the employee ID field to search for an employee by name.
14	Activity/Operation Type	Attended = person(s) are present in the area while the activity/operation is in process. Unattended = no one is present in the area while the activity/operation is in process. Working alone = one person only is present in the area while the activity/operation is in	Attended = person(s) are present in the area while the activity/operation is in process. Unattended = no one is present in the area while the activity/operation is in process. Working alone = one person only is present in the area while the activity/operation is in process.

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		process. NOTE: Percentages of Attended and Unattended time combined must be 100%. Percentage for Working Alone must range between 0% and 100%.	NOTE: Percentages of Attended and Unattended time combined must be 100%. Percentage for Working Alone must range between 0% and 100%.
15	Name of Proposed Activity/Operation/Project	Brief descriptive title of the activity/operation/project covered under this IWS.	Brief descriptive title of the activity/operation/project covered under this IWS.
16	Description of Proposed Work Activity/Operation/Type (Scope of Work)	The first step in the ISM work process is to develop a work statement. It needs sufficient detail to allow progress on the following steps (analyzing the hazards, determining the controls, etc.). The extent of detail will vary - unique or cutting edge work requires more than activities that have been done before.	The first step in the ISM work process is to develop a work statement. It needs sufficient detail to allow progress on the following steps (analyzing the hazards, determining the controls, etc.). The extent of detail will vary - unique or cutting edge work may require more than activities that have been done before. The key is in providing sufficient detail to allow the reviewers to understand the hazards and ensure the appropriate controls are identified. The scope of work may also specify a stepped approach to authorization.
17	Names of Qualified Personnel Assigned to this Activity/Operation/Project	List of names and their respective discipline (payroll) organizations of all workers assigned to this activity/operation/project.	List of names and discipline (payroll) organizations of all workers assigned to this activity/operation/project. This list may be included on the IWS or maintained as a separate list by the Responsible Individual.
18	Associated Hazards	The hazards (including environment, safety and health) associated with this activity, operation or project. Also identify any hazards associated with the work location (e.g., other authorized activities in the same work location). This section is arranged in the same manner as the ES&H Manual and clarifying information about the hazards can be found in the Manual.	Check the boxes of all hazards (including environment, safety and health) that apply. Include hazards that are present in the work location. Consider each of the listed hazards in this section and think about if they are involved in the activity.
19	Specific Hazards checked above	Details about the hazards checked off on the list above	Fill in the text boxes with detailed information about the hazards checked. Provide sufficient information about the hazards identified in Block 18 so that the reviewers can make sure the right controls are identified. For example, if the Chemicals of Special Concern box is checked, you should provide additional information

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		about what chemicals are to be used and other relevant information (e.g., specify that you are working with dispersible beryllium, if that is the case.) If no hazards were checked, there will be no boxes.
20	Required ES&H Controls	The controls necessary to mitigate the hazards specified above. List the required ES&H Controls. You may refer to OSPs, FSPs or any other documentation; use numbers and titles. You may also cut and paste from other documents into the text box. Be specific when you reference the applicable documents for controls of the specific hazards identified in Associated Hazards and Specific Hazards. Ensure that if you reference an OSP, FSP or other documents that the controls for that hazard are present in that document. Again, provide sufficient details about the location of the controls so that the end user can easily find them.
21	Required medical certification / medical surveillance	Medical certifications that personnel performing this activity are required to have, or any medical surveillances that are necessary for personnel performing this activity. List the required medical certifications or medical surveillances. You may refer to appropriate documentation such as OSPs, FSPs, or attached documents. You may also cut and paste from other documents into the text box. Ensure that if you reference an OSP, FSP or other documents that the medical certifications/surveillances are present in that document.
22	Required or recommended ES&H training	ES&H training that is required or recommended for personnel performing this activity. List all required or recommended ES&H Training necessary for this activity. You may refer to appropriate documentation such as OSPs, FSPs, or attached documents. You may also cut and paste from other documents into the text box. Ensure that if you reference an OSP, FSP or other documents that the training for this activity is present in that document. If applicable, distinguish between required and recommended training. This block may also be used to identify any Lessons Learned that may be applicable to this activity.

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23	ES&H Professionals and others who provided guidance / assistance	The ES&H personnel and program personnel (including workers) consulted during preparation of this IWS.	List the names of the ES&H personnel and program personnel (including workers) consulted during preparation of this IWS.
24	Responsible Individual statement	The Responsible Individual's assessment of the activity	Check the box next to the statement that you, as the responsible individual, feel applies to this activity. If you check the second statement, list the appropriate documentation.
25	Responsible Individual's concurrence statement	The Responsible Individual's concurrence statement for the controls for the activity.	The Responsible Individual's concurrence statement for the controls for the activity.
26	Authorizing Individual's assessment	The Authorizing Individual's assessment of this activity's risk work authorization level (WAL).	Authorizing Individuals must select a work authorization level and indicate whether additional documentation is required before this IWS can be authorized for work start.
27	Additional requirements that need to be met before work can commence	Additional requirements that need to be met before work can commence.	This field may be used by the Facility Point of Contact, ES&H Team members, or Authorizing Individual to indicate any additional requirements that must be met that have not already been covered. These may include work permits, job orders, Hazard Assessment and Controls (HACs), bridging documents, etc.
28	Record of Authorization for Work to Begin	The statement of concurrence for the activity by the Facility Point of Contact and ES&H Team Leader and the Authorizing Individual's statement that "The controls have been confirmed to be in place and this proposed activity is authorized to proceed."	This field contains the statement of concurrence, signatures and dates for the activity by the Facility Point of Contact and ES&H Team Leader and the Authorizing Individual's statement that "The controls have been confirmed to be in place and this proposed activity is authorized to proceed." and signature and date.